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<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">1</div> <div>CLAIMS ONLY</div> </div>							Application Number <div style="font-size: 1.5em; font-family: cursive;">09/869784</div>		Filing Date	
Applicant(s)										
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
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